



CERTIFICATION OF RECORDS

State Form 36084 (R2 / 2-99)

I, _____, officially designated as keeper of the Records for the _____, Indiana Department of Correction, 302 West Washington Street, Room E334, Indianapolis, Indiana, do hereby certify that the attached document(s), numbered _____, and listed below, is/are true and correct copy(ies) of the record of _____, Number _____, as these records are numbered in this office.

In witness thereof, I hereunto subscribe my name and affix the seal of Indiana Department of Correction on this _____ day of _____, _____.

Signature

ATTACHED DOCUMENTS

Name of requestor

Title or agency

Address of requestor (street and number, city, state, ZIP code)

Date signed (month, day, year)

County of _____

State of Indiana

} SS:

On this _____ day of _____, _____, before me came _____ to me known to be _____ of the Indiana Department of Correction, and acknowledged the execution of the foregoing instrument.

Signature of Notary Public

Name of Notary Public (typed or printed)

Date signed (month, day, year)

County of residence

Date commission expires